

# 1998 FORM RS-1 Uniform Application for Single State Registration

for Motor Carriers Operating Under Authority Issued by the Interstate Commerce Commission (ICC) or Federal Highway Administration (FHWA).

<p>Mail to:</p> <p>Washington Utilities &amp; Transportation Commission PO Box 47250 Olympia, WA 98504-7250</p> <p>Phone: (360) 664-1222 Fax: (360) 586-1118</p>	<p style="text-align: center;">(For Commission Use Only)</p> <p>CID # _____</p> <p>Carreg Record ID _____</p> <p>Insurance Filing _____ ICC</p> <p>or FHWA Authority _____</p>
<b><u>MOTOR CARRIER IDENTIFICATION NUMBERS:</u></b>	
<p>ICC or FHWA <b>MC</b> No. _____ US DOT Number _____</p> <p>FEIN (Federal Employer's ID Number) _____</p>	
<b><u>APPLICANT</u></b> (Must be Identical to name on ICC or FHWA Order)	
<p>Name _____</p> <p>D/B/A _____</p> <p>Telephone Number _____ Fax Number _____</p>	
<b><u>PRINCIPAL PLACE OF BUSINESS ADDRESS:<sup>1</sup></u></b>	<b><u>MAILING ADDRESS (If different from Business Address)</u></b>
Street _____	Street/PO Box _____
City _____	City _____
State _____	State _____ Zip _____
Zip Code _____	Code _____
<small><sup>1</sup> A principal place of business is a single location that serves as a motor carrier's headquarters and where it maintains or can make available its operational records.</small>	
<b><u>TYPE OF REGISTRATION:</u></b>	
<p><input type="checkbox"/> <u>New Carrier Registration</u> - The motor carrier has not previously registered.</p> <p><input type="checkbox"/> <u>Annual Registration</u> - The motor carrier is renewing its annual registration.</p> <p><input type="checkbox"/> <u>New Registration State Selection</u> - The motor carrier has changed its principal place of business or its prior registration state has left the registration program. The prior registration state was _____.</p>	
<b><u>TYPE OF MOTOR CARRIER:</u></b>	
<p><input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation If Corporation, state in which incorporated _____</p> <p>List names of partners or officers:</p> <p>Name: _____ Title: _____</p> <p>Name: _____ Title: _____</p> <p>Name: _____ Title: _____</p>	
<b><u>TYPE OF ICC OR FHWA REGISTERED AUTHORITY:</u></b>	
<p><input type="checkbox"/> Permanent Certificate or Permit <input type="checkbox"/> Temporary Authority</p>	

**TYPE OF MOTOR CARRIER OPERATION:** (Check only one)

- ☐ TRANSPORTER OF **PROPERTY** - Using freight vehicles with a gross vehicle weight rating of 10,000 pounds or more.
- ☐ TRANSPORTER OF **PROPERTY** - Using **only** freight vehicles with a gross vehicle weight rating of less than 10,000 pounds.
- ☐ TRANSPORTER OF **PASSENGERS** - Using vehicles with a seating capacity of 16 passengers or more.
- ☐ TRANSPORTER OF **PASSENGERS** - Using **only** vehicles with a seating capacity of 15 passengers or less.

**ICC or FHWA CERTIFICATE(S) OR PERMIT(S):**

- ☐ ICC or FHWA Authority Order(s) attached for first year registration.
- ☐ ICC or FHWA Authority Order(s) attached for additional authority received.
- ☐ NO change from prior year registration

**PROOF OF PUBLIC LIABILITY SECURITY:** (Check only one)

- ☐ The applicant or its insurance company **will file** a copy of its proof of public liability security to the registration state.
- ☐ The applicant or its insurance company **has filed** a copy of its proof of public liability security with the registration state and the insurance coverage as stated on that form remains in effect.
- ☐ The applicant has an approved self-insurance plan or other security in full force and effect and the carrier is in full compliance with the conditions imposed by the ICC or FHWA order. A copy of the ICC or FHWA insurance order is attached or has previously been filed with the registration state.

**HAZARDOUS MATERIALS:**

- ☐ The **will NOT haul** hazardous materials in any quantity.
- ☐ The applicant **will haul** hazardous materials requiring **\$1 million** in Public Liability and Property Damage Insurance in accordance with Title 49 CFR §1043.2.
- ☐ The applicant **will haul** hazardous materials requiring **\$5 million** in Public Liability and Property Damage Insurance in accordance with Title 49 CFR §1043.2.

**PROCESS AGENT:**

- ☐ ICC or FHWA Form No. BOC-3 or blanket designation attached for new registration.
- ☐ ICC or FHWA Form No. BOC-3 or blanket designation attached reflecting changes of designation of process agents.
- ☐ No change from prior year registration.

**CERTIFICATION:**

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant. (Penalty provisions subject to the laws of the registration state.)

Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_